

Important Information  
Regarding  
Reinstatement Application for Land Surveyors

At its meeting on November 13, 2007, the State Board of Registration for Professional Engineers and Land Surveyors adopted a new policy regarding the license reinstatement of Professional Engineers and Land Surveyors.

Board Policy 07-02 is as follows:

*All applicants seeking reinstatement of their registration following the license being administratively revoked for having an expired license for greater than 4 years shall be required to pass as a minimum the principles and practices examination, unless the applicant has continued their license in force from another acceptable jurisdiction without interruption and in compliance with current Continuing Education requirements for a licensed Georgia registrant during the time when the Georgia licensure was not active.*

License Reinstatement Applicants should be aware that this application will be reviewed by the Board and if the applicant is determined to be eligible for reinstatement, one of the following options will be recommended:

- If the applicant has maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, there will be a \$1000 reinstatement fee assessed upon approval.
- If the applicant has **not** maintained licensure in another jurisdiction without interruption, and otherwise meets continuing education requirements, it will be necessary for the applicant to pass the Principles & Practices exam, for which the applicant will be given 4 offerings beginning with the next available offering. No additional Board fee will be assessed; however, the applicant will have to remit payment for the scheduling of the exam(s) to the exam administrator.

**FOR BOARD USE ONLY**

Amount Submitted \_\_\_\_\_

Date \_\_\_\_\_

Receipt # \_\_\_\_\_

**FOR BOARD USE ONLY**

Certificate Number \_\_\_\_\_

Date Issued \_\_\_\_\_

Applicant No. \_\_\_\_\_

**GEORGIA STATE BOARD OF PROFESSIONAL ENGINEERS & LAND SURVEYORS**

Post Office Box 13446 • Macon, Georgia 31208 • (478) 207-2440

[www.sos.state.ga.us/plb/pels/](http://www.sos.state.ga.us/plb/pels/)**REINSTATEMENT APPLICATION FOR CERTIFICATE AS A LAND SURVEYOR****Application Fee \$100 (non-refundable)****License Type: LAND SURVEYOR****Additional License Types (currently or previously issued by the Georgia Professional Licensing Boards):****Method Obtained by:**Applicant is applying for above referenced license by: **Reinstatement** of License # \_\_\_\_\_**Name** as desired on License: \_\_\_\_\_

First

Middle

Last

Names as shown on exam records or transcripts (if different):

First

Middle

Last

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_**Physical Address:**Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable****Mailing Address:**

(if different) Number and Street Apt. No. City/State Zip

Telephone Number Day

Telephone Number Evening

E-Mail Address

**Affiliation:**

Name of firm \_\_\_\_\_

**Physical Address:**Number and Street Apt. No. City/State Zip  
**P.O. Box not acceptable****Mailing Address:**

(if different) Number and Street Apt. No. City/State Zip

NOTE TO APPLICANT: This information will be entered into the Division database for Accounting and Licensing purposes. All items must be completed, and then duplicated on the next page of the application for Board review.

## APPLICATION FOR REINSTATEMENT AS A LAND SURVEYOR

(License that has expired for more than 4 years. If your license expired less than 4 years ago, you may renew online.)

### Section 1: General Information

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last

Social Security Number\*: \_\_\_\_-\_\_\_\_-\_\_\_\_ Birthplace: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED & DISCLOSED TO STATE & FEDERAL AGENCIES  
PURSUANT TO O.C.G.A. § 19-11-1 & O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 & 20 U.S.C.A. § 101.

Mailing Address: \_\_\_\_\_  
Street and Number City State and Zip

Permanent Address: \_\_\_\_\_  
Street and Number City State and Zip

Business Phone: (\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Are you a US Citizen? ☐ Yes ☐ No If no, submit registration card.

What year were you initially granted a Land Surveyor license in the State of Georgia: \_\_\_\_\_

Have you practiced surveying on a project within the State of Georgia where a license was required, but you did so without a current license? ☐ Yes ☐ No If yes, include complete details on additional sheet.

Present Position (your title): \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_

Have you ever been convicted or pled nolo contendere to a crime? ☐ Yes ☐ No If yes, include complete details on additional sheet.

### Section 2: Registration

Lapsed Georgia Land Surveyor License number: \_\_\_\_\_

Expiration Date of your most recently lapsed Georgia License: \_\_\_\_\_

Has a professional license from any jurisdiction been revoked, suspended or sanctioned? ☐ Yes ☐ No

Name all the jurisdictions (states or territories) where you have been granted a Land Surveyor license:

\_\_\_\_\_

Name all the jurisdictions where you have maintained an uninterrupted Land Surveyor license(s)  
(Provide verification of license in **current** state of residence.):

\_\_\_\_\_

Name all jurisdictions where you no longer maintain a current professional license for whatever reason:

\_\_\_\_\_

SECTION 3: EXPERIENCE  
\* EXPERIENCE SINCE YOUR GEORGIA LICENSE WAS REVOKED \*

SHADED AREAS ARE FOR BOARD USE ONLY

School: _____	Degree/Date _____	ABET: Yes _____	No _____
Masters: _____	Degree/Date _____	ABET: Yes _____	No _____
Technology: _____	Degree/Date _____	ABET: Yes _____	No _____
Other: _____	Degree/Date _____	ABET: Yes _____	No _____
LSIT State & Date: _____	LS State & Date: _____		

Eng. #	Company/ Employer Name	Your Title	From: <u>Mo/Yr</u>	To: <u>Mo/Yr</u>	Total Months
Total # of Endorsement Forms: _____ (All Engagements MUST be endorsed.)					
NOTES:					

## SECTION 4: CONTINUING EDUCATION <sup>1</sup>

[illegible]

## Notes

<sup>1</sup> See Board Rules, Chapter 180-11.

<sup>2</sup> Attach proof of completion of all coursework listed.

<sup>3</sup> PDHs must have been earned in the last four (4) years with 7.5 or more earned within the last two (2) years.

**SECTION 6: ENDORSEMENT FORM****Section 6A – To Be Completed By Applicant for LS Reinstatement**Applicant Name: \_\_\_\_\_  
Last First Middle Maiden

Engagement No. as listed in Section 3: \_\_\_\_\_

This endorsement is for: Reference & Experience Verification ☐ Reference Only ☐ Employment Verification Only ☐**Georgia Law Section 43-15-15(d) states: "An application shall contain the names of not less than five persons, not related to the applicant by blood or marriage, of whom at least three shall be registered, active land surveyors...having personal knowledge of the experience on which the applicant predicates his qualifications."**Experience described on this form was obtained while employed by: \_\_\_\_\_  
Company Name

Address City State Zip Code County

For this engagement please provide name of direct supervisor: \_\_\_\_\_

Was your direct supervisor a registered LS? ☐ Yes ☐ No Other: \_\_\_\_\_

Endorser for this Engagement: \_\_\_\_\_

**State your Title(s) & Name of Company. Describe experience (one line is not sufficient) detailing in first person the work you personally performed in design, study, review, testing or other tasks which required your surveying skills. This work should be progressive in difficulty and magnitude; reflect the acquired ability to design and apply surveying principles to demonstrate that your judgment may be trusted on projects involving public health and safety. Do not attach resume or project lists. Experience must be verified by LS associates even if you are self-employed.**

Dates		Engagement No.
From Mo/Yr	To Mo/Yr	
Type of Experience		%
Boundary Surveying, including research & calculations		
Topographic or As-Built Surveying		
Geodetic or GPS Surveying		
Construction Lay-Out/Staking		
Other		

If you need additional space, please attach additional sheets.

**Section 6B – To Be Completed by Endorser**  
**Applicant's description in Section 6A above is:**☐ Accurate ☐ Inaccurate (Explain if inaccurate): \_\_\_\_\_Were you the applicant's direct supervisor for this engagement? ☐ Yes ☐ NoIf direct supervisor, were you a registered Land Surveyor? ☐ Yes ☐ No State Registered/No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_ Signed: \_\_\_\_\_

### Section 6C – To Be Completed by Endorser

The Georgia Board prefers that you mail this form back to the applicant in the applicant's enclosed pre-addressed stamped envelope. Seal the envelope and sign the back flap to ensure against tampering. If you prefer to mail the form directly to the Board office at 237 Coliseum Drive, Macon, GA 31217-3858, please make a blank copy of this form and mail it back to the applicant following the directions above, then mail the completed form to the Board. All responses will be held in strictest confidence by the Board.

Name of Applicant: \_\_\_\_\_

1a. How well do you know the applicant: ☐ very well ☐ well ☐ slightly ☐ not at all

1b. List dates (months and years) of contact with the applicant: \_\_\_\_\_ to \_\_\_\_\_  
Mo. & Yr. Mo. & Yr.

1c. Basis of contact: ☐ As the applicant's LS supervisor ☐ As an associate or co-worker in Surveying Work  
☐ Other (explain) \_\_\_\_\_ ☐ Are you related by blood or marriage? ☐ Yes ☐ No

2. Do you have personal knowledge of the applicant's surveying work? ☐ Yes ☐ No If yes, complete entire form.  
If no, complete only items 3 & 10.

3. What is your opinion of the applicant's personal integrity and reputation: \_\_\_\_\_

4. Would you employ applicant in a position of trust: ☐ Yes ☐ No If no, explain: \_\_\_\_\_

5. Using the interpretations below, please rate the practice and quality of performance of the applicant's engineering work.

Type of Practice	Responsible Charge		Above Average	Average	Below Average	Unsatisfactory	Unknown
	Yes	No					
Boundary Surveying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Topographic or As-Built Surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Geodetic or GPS Surveying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Construction Lay-Out/Staking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Interpretations:**

Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.  
Average: Work not distinguished in content or level, but adequate for surveying purposes indicating an ability, under some supervision, to produce workable maps and/or analysis.  
Below Average: Performance needs careful checking and rather close supervision to meet requirements.  
Unsatisfactory: Work of poor quality, not up to minimum professional standards. Requires review and revision by associates or supervisors before execution. Inadequate for "the purpose of safeguarding life, health and property."  
Unknown: Did not review work or work with applicant in this area. Can not determine proficiency.

6. Considering the need to protect the public health, safety and welfare, in your opinion how does this applicant rank in professional competence and responsibility:

☐ Qualified ☐ Additional Experience Needed ☐ Unqualified

7. REMARKS: The Board will appreciate additional information or amplifying information regarding the applicant's surveying experience, capabilities, or limitations, if any. Use reverse side for continuation of comments, if necessary.

9. Based on the definition of the practice of surveying, Georgia Law 43-15-2(11), do you recommend the applicant for LS licensure?

☐ Yes ☐ No

10. I certify that the above statements are true and correct to the best of my personal knowledge, not made for the purpose of aiding an unqualified applicant to become licensed but with full realization of the responsibility toward the public where the safeguarding of life, health and property is concerned or involved.

Print Name: \_\_\_\_\_  
FIRST MI LAST

State of LS License/Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Present Position: \_\_\_\_\_ Firm: \_\_\_\_\_

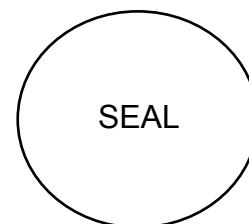
Address: \_\_\_\_\_

Daytime telephone number : ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If licensed, please verify with Land Surveyor seal with signature.



**SECTION 5: AFFIDAVIT BY APPLICANT**

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last First Middle Maiden

Applicant's name

being first duly sworn, deposes and says:

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith. I further state that I have read and pledge to adhere to the Board's rules of professional conduct upon obtaining my registration in Georgia.

\_\_\_\_\_  
Applicant's Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public (SEAL)

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_